

MATRIX

Absence Management, Inc.

7 Skyline Drive, Suite 275
Hawthorne, NY 10532
Telephone (877) 315-9838
Fax (914) 784-0025

March 20, 2002

Ms. Jeanne Iwata
101 Westland Rd.
Weston, MA 02493

RE: Intel Long Term Disability Plan
Claim No.: 183581
Claimant: Jeanne Iwata

Dear Ms. Iwata:

We are writing to you regarding your request for Long Term Disability (LTD) benefits through the Intel Long Term Disability (LTD) Plan. After review of your claim for benefits, we have determined that you are not disabled under the guidelines of the Intel Corporation Long Term Disability Plan.

According to Intel Corporation's Long Term Disability Plan under Sections 2.15 and 4.03 (I) reads in part:

Section 2.15 reads:

"Mental, Emotional or Psychiatric Illness or Disorder":

"...Any mental, emotional or psychiatric illness or disorder, whether the cause is organic, physical, mental, environmental, or a combination thereof, and whether or not the symptoms are physical, mental or a combination thereof, including but not limited to a condition which falls within the diagnosis codes 290 through 316 as listed in the "International Classifications of diseases," 9th Revision, Modification, volumes 1 and 2".

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Section 4.03, subsection (I) reads:

Exclusions and Limitations:

"No Participant shall be entitled to a Disability benefit if his or her Disability arises out of, relates to, is caused by or resulted from...

Mental, emotional of psychiatric illness or disorder of any type, alcoholism or conditions arising from the use of our dependency upon a narcotic, stimulant, depressant, hallucinogenic drug, or other controlled substance unless he or she is confined in a mental hospital for such illness at the time a monthly disability benefit is otherwise due an payable.

Our records indicate that you became disabled on February 8, 2001. At the time of your disability, you were employed with Intel as an Occupational Health Nurse. Medical in your file sent by your Physician that you are claiming disability due to Post Traumatic Stress Disorder, with symptoms of depression, anxiety, flashbacks, insomnia and hyper vigilance. You have been under the care of Dr. Sorenson, Psychiatrist. His treatment plan is medication and therapy. You are also under the care of Janina Fisher, PhD. for EMDR therapy and you see Dr. Charles Adler for Pharmaceutical Therapy. Records indicate you continue to have difficulty sleeping, anxiety and concentration. To help better understand your disability, an Independent Medical Exam was scheduled with Dr. Ronald Shouten on July 20, 2001. His report confirms that you are suffering from Major Depression and Post Traumatic Stress Disorder (PTSD). The Intel Corp. Long Term Physician's Statement completed by Dr. Sorenson, signed by him on February 27, 2002 indicates a ICD-9 diagnosis code of 309.81, which is Post Traumatic Stress Disorder along with symptoms of depression, anxiety, flashbacks, insomnia, hyper vigilance.

Since your disabling condition stems from a psychological condition, the Intel Long Term Disability Plan, Section 2.15 and 4.03 (I), do not entitle you to disability benefits as these types of conditions are excluded from benefits. Therefore, your claim for Long Term Disability Benefits is denied.

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If you disagree with this denial for LTD benefits:

Under the Employee Retirement Income Security Act of 1974 (ERISA), you may request a review of this determination by the Intel Disability Appeals Committee. A Claim Review Procedure document is attached with directions informing you of how to appeal this decision. A written request for review must be submitted within 180 days of receipt of this letter or by . Please state the reason why you feel you should not be denied benefits. If you file a written request for review, be certain to include any documentation you have which you feel will support your claim.

The following information is necessary because the material in your file does not satisfy the plan rules described above:

- ☐ Provide any documentation that establishes that you are not and have not been able to work due to a physical condition. The documentation must show that your condition is so severe that it has prevented you from engaging in work activities of your own occupation and any occupation and must be supported by objective medical findings as defined by the Plan.
- ☐ A written statement from the doctor(s) treating you since the date that you stated you first became disabled from your occupation. Such statement should outline why your doctor(s) feel that your condition became disabling and continues to remain disabling. Statements completed by your doctor(s) must contain objective medical evidence as defined in Section 2.14 (see page one of this notice) to support his or her conclusions.
- ☐ Any other documentation that you feel would support your claim that your medical condition is severe enough to prevent you from engaging in work activities of your regular or similar occupation and/or any occupation. Such documentation should be supported by objective medical findings per Section 2.14 of the Plan.

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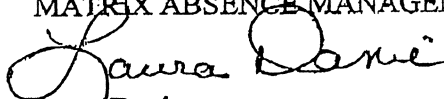
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If the Appeals Committee does not receive your written request within **180 days** of your receipt of this notice, this decision will be considered final.

We are sorry that our decision was not more favorable to you. Should you have any questions regarding our decision, please contact me at 1-877-315-9838 ext. 210.

Yours very truly,
MATRIX ABSENCE MANAGEMENT, INC.



Laura Davie
Integrated Claims Manager

Enclosure: Disability Appeal Procedure
CC: Addressee Regular Mail
File
Attorney

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INTEL CORPORATION DISABILITY APPEAL PROCEDURE

What can you do if you disagree with the Employer's decision on your claim?

If you disagree with the action taken on your claim, you and/or your authorized representative may request an appeal of the adverse benefit determination. The procedure is as follows:

In the case of any adverse benefit determination the claimant and/or his or her authorized representative, may appeal from the adverse benefit determination by submitting a written request for review of the Claim for Benefits to the Intel Disability Appeals Committee or its designee within **180 days** following receipt of a notification of the adverse benefit determination.

Any request for review shall be in writing, and shall set forth all of the grounds upon which it is based, and all facts, documents, records, and other information relating to the Claim for Benefits the claimant (and/or the claimant's authorized representative) deems relevant. The Committee may require the claimant to submit any additional information, documents, records or other materials necessary to decide the appeal from the adverse benefit determination.

In the case of any appeal from any adverse benefit determination, the following shall apply:

- (A) The Claimant and/or his or her authorized representative to be provided, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claimant's Claim for Benefits, as determined under applicable law;
- (B) The Committee's review to take into account all comments, documents, records, and other information submitted by the claimant relating to the Claim for Benefits, without regard to whether such information was submitted or considered in the initial benefit determination;
- (C) The Committee's review to not afford deference to the initial adverse benefit determination;
- (D) The Committee's review to include consultation with an appropriate health care professional as may be required by, and in accordance with, applicable law; and
- (E) Medical or vocational experts whose advice was obtained on behalf of the Plan in connection with the adverse benefit determination to be identified, without regard to whether the advice was relied upon in making the benefit determination.

You are encouraged to provide all information that might support your claim. If you and/or your authorized representative require additional time to provide this information, you will be allowed additional time to obtain such information. **To obtain an extension, you must submit a written request for additional time with your appeal, or within thirty (30) days after submitting your appeal. All timely requests for additional time will be granted. The deadline for making a determination on your claim will**

be suspended until the expiration of this extension, or, if earlier, the receipt of the additional information.

The record pertaining to your claim is closed when the Committee issues its decision. The Intel Disability Appeals Committee will not grant an extension request or accept comments, documents, records and other information submitted by you or on your behalf after the review determination has been made, unless the Committee in its sole discretion determines that the information is material to the review and could not have been provided earlier.

Mail your written request to:

Intel Disability Appeals Committee
c/o Matrix Absence Management, Inc.
P.O. Box 11035
San Jose, CA 95103-1035

After the receipt of a request for review, the Intel Disability Appeals Committee normally will notify you of the review determination within 45 days.

If the Intel Disability Appeals Committee determines that more time is needed in order to make the review determination, the 45-day period will be extended up to 45 days. You will be notified of the extension within the initial 45-day period, and the notice will include an explanation of the circumstances requiring the extension and the date a review determination is expected.

If an extension is required by the Intel Disability Appeals Committee due to your failure to provide information necessary to making the review determination, the 45-day extension period will not begin until you respond to the Intel Disability Appeals Committee's request for information.

A final decision will be made no later than ninety (90) days after receipt of your appeal or expiration of any extension.

The Committee has full discretion to interpret all plan documents and to make all factual determination incident to your appeal. The Committee's findings are subject to judicial review only for abuse of discretion.

In the event that a claim is denied on review, you will receive a written notice from the Intel Disability Appeals Committee that will outline:

- The specific reason for the denial;
- Reference to the specific Plan provisions on which the determination was based;
- A statement that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits as determined under applicable law;
- A statement of your right to bring a civil action under section 502 (a) of ERISA following a denial of your claim on review by the Intel Disability Appeals Committee; and

- Such other information, statements and descriptions as may be required by applicable law.

The review determination of the Intel Disability Appeals Committee is the final plan determination. No other mandatory or voluntary internal review process is available. You may not bring a civil action under section 502(a) of ERISA before a review determination is made by the Intel Disability Appeals Committee, or later than two years after the date you are notified of the Committee's review determination, or the date established under applicable law, if earlier.

Under the Federal Employee Retirement Income and Security Act (ERISA) we are required to advise you of the following:

1. You and your Plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office and your State insurance regulatory agency. **It should be noted that the Intel LTD Plan is not insured and does not provide for voluntary alternative dispute resolution options nor does a State Insurance regulatory agency have any jurisdiction over the self funded Intel LTD Plan.**
2. You have the right to bring a civil action under section 502(a) of ERISA.